

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Myran Harris
Date: 4/25/2007
Time: 10:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer
 x Cheryl McQueen
 Gary Imes
 Joyce Sims
 x Rick DeBell
 x Carlisa Stallings
 x Thelma Hayter
 x Eric Johnson
 Tim Sullivan
 x Travis Nobles

Others:

x Jamie Herubin
 x Sandy Flores
 x Mike Frost
 x Myran Harris
 Chris Ferrell
 Deborah LeBlanc

Attendees:

x Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	Rockingham
x Durham	x Sandhills Center
x Eastpointe	x SE Center
x Edgecombe-Nash	x SE Regional
Five – County MHA	x Smoky Mountain
Foothills	x Tideland
Guilford	x Wake
x Johnston	x Western Highlands
x Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

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Attendees:

Item No.	Topics
	<ol style="list-style-type: none"> Roll call Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion. Upcoming Check-writes (cut-off dates) – May 3, 10, 17 Agenda items <ul style="list-style-type: none"> H2034 and MPWNN Implemented as of April 19th Checkwrite Fully Divested LME's and NPI for Referring Services Community Support Implementation Update 25-2 FARO - NPI Enrollment and BETA Testing Statistics 834 Implementation (April 27) Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> 100 records/LME/submission; Format test; full cycle run, 835 Testing to commence March (BOM) Update scheduled termination: TBD IPRS Questions or Concerns Medicaid Questions or Concerns DMH and/or EDS concluding remarks <ol style="list-style-type: none"> For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ol style="list-style-type: none"> Physician phone analyst (i.e. Independent Mental Health Providers)-4706 Hospital phone analyst (i.e. Enhanced Service Provider /LME) - 4707 Roll Call Updates

Next Meeting: May 9, 2007

For assistance with IPRS claims, adjustments, R2Web, application access, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355,
M-F, 8 a.m. - 4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.ganda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites – (cut-off dates) May 3, 10, 17, 24 Eric: There was a checkwrite last week. We do not have a checkwrite this week. The next checkwrite is May 3, 2007. Are there any questions with regards to the last checkwrite or the upcoming checkwrite?
4.	<p style="text-align: center;">Agenda Items</p> <p>FARO Eric: Next week is the FARO conference and we typically do not have a Core Team call. We just want to confirm that everyone is in agreement that we will not have a conference call next week. Is everyone in agreement? Then there will be no Core Team call on next week.</p> <p>H2034 and MPWNN REMINDER: Last week there was a systems announcement that went out from EDS to the LME community indicating there were two changes made to the system, one was H2034 allowing that procedure code to be billed and forced to IPRS. The next announcement was MPWNN, we have had number of questions with regards to the status of that. That change has been implemented as well. We are allowing that procedure code to be paid to IPRS as well depending upon eligibility of the client. You can look for the announcement detailing how those changes will affect your billing. Those changes were implemented as of April 19, 2007. Any questions regarding those items?</p> <p>Fully Divested LMEs and NPI for Referring Services Update regarding fully divested LMEs and whether they should receive an NPI number. The answer we received from DMA is that it is not necessary for fully divested LMEs to get an NPI number.</p> <p>Q: Kim (Neuse) I assume that will be written in the minutes next week for documentation Purposes?</p> <p>A: Eric – Sure, we can do that.</p> <p>Community Support Implementation Update 25-2 There is no new news regarding Community Support Implementation Update No 25-2. As indicated in the Memo, the people will make the decision on setting the final CS rate on April 26, 2007. Hopefully, if things go well, we will know after that date when the rate will be applied and what that rate will be.</p> <p>Q: Jeanna (Catawba) Did we get some kind of confirmation that EDS does not plan to go back and reprocess the claims that Medicaid paid at the wrong rate with dates of service of 3-1 forward?</p>

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A: Cheryl: No we have no confirmation on that, we are going to wait until we find out what the final direction is before that decision is made.

Q: Thelma: That is definitely on the IPRS side, we have heard nothing on the Medicaid side.

Eric: There were a few extra documents that were sent out with regard to the NPI enrollment and Beta Testing statistics. Paul Carr from EDS is going to give us the update.

NPI Enrollment and BETA Testing Statistics

Paul: We were asked to provide these statistics as a reminder that NPI is still here. The CMS implementation is scheduled for May of this year even though the contingency plan has been invoked. We wanted to get these numbers out there so people could see where we are with getting providers enrolled and with Beta Testing. Basically a list of LMEs who have participated in Beta Testing and those who have not. We want to urge you to continue to send in Beta Testing files and not just those who indicated they wanted to participate, but for everyone to consider doing that.

Q: Jeanna (Catawba) I thought CR had sent in some files that had problems because we didn't have NPI stuff loaded on the state end from DMA to match up with what he was trying to test?

A: Paul: That potential is there, that leads us into the next attachment. If you do have providers that have NPIs in production today it would benefit you if you submit test claims with those providers. If they do not have the NPI in production, it will not do you a whole lot of good at this point in time. Hopefully, everyone has got some attending providers in production at this point. That leads us into the next couple of documents. Two tabs, break down of billing providers and who has NPI and who has been marked atypical and those who still need to provide information to Cheryl. The ones that are highlighted are ones that fall into the category that we still need some information from you.

Q: Jeanna (Catawba) I don't understand what information you might need because we have sent our stuff in.

A: Paul: Yours may be incorrectly highlighted,

Q: April (SE Regional) I thought I sent mine in on yesterday and it passed.

A: Cheryl: This not for Beta Testing, this is for people who have sent in NPIs and who have not sent in NPIs for their billing provider numbers. You have 14 active billing providers and 4 of them have NPI and 10 of them do not.

Q: Rhonda (Eastpointe) Where is that spreadsheet located?

A: Cheryl: It was emailed out separately from the Core Team documents.
Rhonda: I don't think I got a copy of that.

Eric: What's your name?

Rhonda: Rhonda Brown

Eric: We will check the distribution and if you are not on it will we send it out to you.

Q: Paul: I want to go back to April from Southeastern Regional, I am getting copied on the distribution list for the 837 files coming in and I didn't see one within the last week or two.

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Were you talking about the current 834 testing?

A: April (SE Regional) Yes, that's right; I have not done the 837 testing yet.

Paul: The second tab on the spreadsheet is reporting statistics for the attending providers for who has NPIs and who do not. The persons who are highlighted on this list are incorrectly attached an attending provider to a base provider number. For example: Western Highlands has one attending provider enrolled under 3404904P but should not be there. It should be enrolled in the 3404904 number. So if you are seeing your LME name highlighted on this list, you need to find out what attending providers are enrolled under the wrong ones. If you need help with that, let us know.

Q: Cheryl (Edgecombe Nash) We have our 830# so we should not have an attending provider linked to that?

A: Paul: No it should be enrolled under the 3404937. You have the potential that it is enrolled in both. If that's the case you just need to end date the one that is enrolled under the wrong provider.

Q: Tom (Western Highlands) How does this occur if I never sent up the NPI under that number, does it cross over from Medicaid?

A: Paul: No, what we are talking about right now is about how you have the attending provider enrolled. So somewhere somebody accidentally enrolled the attending provider under the 3404904P as opposed to the 3404904.

Q: Donna (Onslow) We have a question about the May implementation date. I thought that was lifted?

A: Cheryl: The implementation date is still in effect. CMS does not have the authority to change the implementation date but they do have the authority to invoke the contingency plan and that is what they have done. The contingency plan is that you have until May 27, 2008, to implement without receiving any financial penalties. Our new implementation date has not been set but it will have to be by May of 2008.

Paul: The spreadsheet was originally to provide the total number of attending providers and who has an NPI and who does not. Since this does not appear to be a fair representation of the number, all these different columns were created. The first column is the name and number, the second column is the total number of active attending providers as of the time the report was ran which was yesterday, the next column is the total number of active providers who have an NPI. You can see the numbers are relatively low compared to the totals. Then we wanted to know who is out there with the atypical indicator set to No and blank. The 10 attending providers who have their atypical indicator set to blank should really be set to No. The mapping solution setup is that No and blank equal the same thing. There really should be none out there with a blank atypical indicator. If you do a PT screen search, you will be able to see Yes, No or blank. The next column is the total active attending providers without NPI, you can see we have 11,100 of the 14,280 that do not have an NPI. The next column gets some of these out of the way because they are marked as atypical Yes. I caution everybody on the fact that as we were implementing screen changes for the PT screen, when you had to make an update for example the zip code, we defaulted all the attending providers atypical indicator to No, you were forced to either put in an NPI or change it to Yes or blank, so the number of atypical Yes may or may not be truly atypical. The next column is with the atypical indicator set to No. Majority was probably defaulted by us. Then we have those that were blank which they should not be set to blank. Next we have the percentage of active attending providers without NPI where

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the atypical indicator is No or blank. This one shows us where a lot of work needs to be done. The last four columns are broken out based on the ones you guys have control over versus the ones that you can't update the demographics information that includes the NPI, the shared attending provider. The IPRS only with the atypical indicator set to No and blank is there. That represents 64% of the total that do not have a NPI and atypical indicator is set to No or blank that you all have control over. The last few columns are the shared providers that we would get the NPI information from Medicaid. Encourage your attending providers to enroll their numbers with Medicaid.

Q: Kelly (Durham) Who is going to encourage DMA to key that information in? That's the hold up.

A: Paul: We don't know what is going on the Medicaid side that may cause the delay.

Kelly: That report will not be cleared up unless DMA keys that information in.

Paul: I will follow up to see if we find out where they are on the updates.

Kim (Neuse) The previous two we have control over as noted are the 131 and for Pitt is 108?

Paul: That's right. We just encourage everyone to keep NPI in mind and submit 837s for Beta Testing and work with your attending providers to get them updated.

Q: Bonnie (Wake) If we have an attending provider number that we have not used and do not plan to use, we just need to have it end-dated?

A: Cheryl: Yes.

Eric: The 834 implementation is still planned for this Friday, April 27, 2007.

Thelma: Is there anyone that is not ready?

A: Onslow

Q: Tom (WH) We submitted our test 834 and received back the format test results but did not get back the content test results.

A: Mike: We will check on that.

Q: Stuart (Onslow) I sent in a question to IPRS Q & A regarding where to find the race requirements, some conflict with CDW requirements.

A: Cheryl: The original mapping included the race, ethnicity and language code. Somebody will send you those requirements again.

A: Thelma: Okay, we're going to go ahead and implement on the 27th

Q: Cathy (Smokey) Are we ready?

A: Rick (Smokey) – No we are not ready.

A: Cumberland – We are not ready.

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Q: Thelma: Cumberland, Western Highlands and everyone else just continue to do more testing up until Friday. Onslow you are probably close, Smokey are you close?

A: Smokey: No

Thelma: We can't hold up everyone else. So we're going to go ahead and implement.

Q: Thelma: Would it be helpful for NPI Beta Testing if we set up a schedule where you would do format testing the first two weeks, content testing the third week and the fourth week used to fix any content testing issues if there were any?

A: Tom (WH) Yes, that sounds reasonable.

Q: Kim (Neuse) CNDS still having some issues, do we know how long?

Mike: At 9:30 this morning the issues were resolved. I did not see a User Alert go out but the CNDS inquiries should be back up and functioning. Give a call to the help desk if you are still having some issues.

Jeanna (Catawba) It seems like recently there have been a lot of alerts either with the cycle hasn't processed and or the reports are not being published. Is there something in the background that's being worked on that is influencing this?

Mike: Yes there is. It's a combination of a number of things that have occurred; it's not just one thing that has caused these delays. Each one of these things has been resolved now and we are looking at trying to improve these services.

IPRS Questions or Concerns

Q: Edith (Southeastern) Who could I fax an RA to that we are having trouble getting payment for a denial EOB 11? It's indicating the client is not eligible on that date of service but everything seems to be okay?

A: Cheryl: Is that Medicaid or IPRS side?

Edith: IPRS

Cheryl: Send the ICN to IPRS Q&A and we can take a look at it that way.

Q: Jeanna (Catawba) Do we have anything in writing yet that says the state will continue to pay for services rendered by provisionally licensed person starting July 1st?

A: Cheryl: The Divisional Workgroup is working on that. Keep looking for correspondence regarding that soon.

Medicaid Questions or Concerns

Q: Tom (WH) Any confirmation on the physician rate reduction?

A: Rick No. But I will follow up on that..

Q: Tom (WH) So if we sent up claims, they would pay at the lower rate?

Rick: That would be my assumption until we get some response back, you might just want

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	<p>to hold them until we figure out what happened.</p> <p>Q: Tom (WH): Have you set up a date to reprocess the crisis funds?</p> <p>Thelma: We have not; we are still looking at the tests to see what claims will be involved.</p>
5.	<p>DMH and/or EDS concluding remarks</p> <p>Again, just to remind everyone no Core Team meeting next week as a result of the FARO conference</p> <p>The next Core Team meeting date is scheduled for May 9th</p> <ul style="list-style-type: none"> For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ul style="list-style-type: none"> Physician phone analyst (i.e. Independent Mental Health Providers)-4706 Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
6.	Roll Call Updates

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